

Appendix

***A. Governor Frank O'Bannon's
Executive Order***

STATE OF INDIANA
EXECUTIVE DEPARTMENT
INDIANAPOLIS

EXECUTIVE ORDER 02-15

FOR: CREATION OF THE COMMISSION ON HOME AND COMMUNITY-BASED SERVICES

TO ALL TO WHOM THESE PRESENTS MAY COME, GREETINGS

Whereas, one of the most important responsibilities of state government is to ensure the health and safety of its most vulnerable citizens, including those citizens under its direct care; and

Whereas, over the last several years, Indiana has moved toward a system of integrated community-based services, and will continue to do so, but institutional care remains an important part of the continuum of state services; and

Whereas, there is a need to address the capacity of community-based services and expand relationships with providers, communities, advocates, and all stakeholders;

Whereas, there is a need to expand strategies that transition the current system of state operated care to community care; and

Whereas, there is a need to develop a comprehensive plan that supports the transition of the current system of state operated care to community care that encompasses previous planning efforts, specifically the work of the Governor's Council on State-operated Care Facilities completed November 30, 2000; and

Now, therefore, I, Frank O'Bannon, by virtue of the authority vested in me as Governor of the State of Indiana, do hereby order that:

1. The Commission on Home and Community-Based Services is created and established;
2. The Commission shall use all relevant state agency resources to complete its work;
3. The Commission shall assess the current capacity of services in the community;
4. The Commission shall identify aspects of current regulations and funding that support institutional care over community care;
5. The Commission shall use all previous efforts focused on increasing community capacity for persons at risk of being institutionalized;
6. The Commission shall work with individual communities, providers, and businesses across the state to address the gap in services in the community, thereby developing a plan to meet the needs for community transition. The plan will consider changes in the types of services provided and the delivery of those services;

7. The Commission shall consist of no more than 21 members, who shall be appointed by and serve at the pleasure of the Governor. The 21 members of the Commission will include four legislators representing both the House of Representatives and the State Senate, as recommended for service by the Speaker of the House and the President Pro Tem of the Senate.
8. The Commission shall submit an interim report in October 2002 and a final report no later than April 2003.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of Indiana on this 9th day of July 2002.



Frank O'Bannon

BY THE GOVERNOR:

Frank O'Bannon
Governor of Indiana

Sue Anne Gilroy

ATTEST:

Sue Anne Gilroy
Secretary of State

***B. Governor's Commission on
Home and Community Based
Services Membership Roster***

Commission Members, GTAG And Technical Support

Chairperson:

Katherine Humphreys

Members of the Governor's Commission on Home and Community Based Services:

Bryan Blanchard
President
Vincennes University

Sally Blankenship
Prosecutor
Ohio and Dearborn Circuit

Billie Breaux
State Senator

Charlie Brown
State Representative

Vincent Caponi
Chief Executive Officer
St. Vincent Hospital

Cleo Duncan
State Representative

Nancy Griffin
State Director
American Association of Retired Persons

Allan Kauffman
Mayor
Goshen, Indiana

Connie Lawson
State Senator

James Leich
President
Indiana Association of Homes
& Services for the Aging

Louis Martinez
President
Lake Area United Way

James McCormick
Assistant Executive Director
Dunn Mental Health Center

Rose Meissner
President
Community Foundation of St. Joseph County

Sharon Pierce
President and Chief Executive Officer
The Villages

Stephen Rappaport, MD
Doctor of Gerontology

Roosevelt Sanders
Minister

William Sheldrake
President and Chief Executive Officer
Indiana Fiscal Policy Institute

Albert Tolbert
Executive Director
Southern Indiana Center for Independent Living

Karen Vaughn
Advocate

Richard Wherry
Parent and Advocate

Governor's Technical Advisory Group

Dan Able
Division of Family and Children
Family and Social Services Administration

Alison Becker
Division of Disability, Aging and Rehabilitation
Services
Family and Social Services Administration

Doug Beebe
Division of Disability, Aging and Rehabilitation
Services
Family and Social Services Administration

Russell Brown
Department of Workforce Development

Amy (Brown) Kruzan
Family and Social Services Administration

Liz Carroll
Indiana State Department of Health

Joan Cochran
Division of Family and Children
Family and Social Services Administration

Richard DeLiberty
Division of Mental Health and Addictions
Family and Social Services Administration

Elizabeth Galvin
Health Evolutions, Inc.

Kimberly Green
Indiana Housing Finance Authority

John Hill
Department of Education

Katherine Humphreys
Commission Chair

SueEllen Jackson-Bonner
Governor's Planning Council

Bill Johnson
Division of Disability, Aging and Rehabilitation
Services
Family and Social Services Administration

Steve Johnson
Prosecutor's Council

Venita Kumar
Indiana Department of Transportation

Chuck Martindale
Indiana Department of Commerce

Evelyn Murphy
Office of Medicaid Policy and Planning
Family and Social Services Administration

Chris Newman
Division of Disability, Aging and Rehabilitation
Services
Family and Social Services Administration

Tammy Robinson
State Budget Agency

Kenneth Sauer
Commission for Higher Education

Roger Sell
Finance Division
Family and Social Services Administration

Sandra Sleppy
Division of Family and Children
Family and Social Services Administration

Pat Vercauteren
Department of Workforce Development

Nancy Zemaitis
Division of Utilization Review
Family and Social Services Administration

Technical Support:

Judith Becherer
Consultant

Tiffany Johnson
A2SO4

Alison Becker
Division of Disability, Aging and
Rehabilitation Services,
Family and Social Services Administration

Joelyn Malone
Capitol Health Strategies

Mary Jo O'Brien
Capitol Health Strategies

Donna Cameron
Health Evolutions, Inc.

Susan Olds
Health Evolutions, Inc.

Melissa Dill
Health Evolutions, Inc.

Vop Osili
A2SO4

Elizabeth Galvin
Health Evolutions, Inc.

Karen Porter
Health Evolutions, Inc.

Sanford Garner
A2SO4

Andrea Walsh
Capitol Health Strategies

Jim Hmurovich
Consultant

C. Five Task Forces

Children at Risk Task Force

Task Force Purpose: There are a variety of reasons that children reside in institutions: how the child is initially assessed (or not assessed); incompatible policies of various programs with diverse funding requirements; lack of coordination, communication, or training among states; and community agencies inadequate community support. Community support services cut across a number of state and local jurisdictions including the educational system, judicial system, human services systems, and family and children systems. The purpose of the Children at Risk Task Force is to develop short and long-term strategies for increasing community support services and to encourage integration of services for children who are at risk of being institutionalized into a broad-based spectrum of community services. The Children at Risk Task Force will also identify strategies that serve to prevent the development of risks that could eventually bring about the need for institutionalization.

Function: To examine and report to the Commission on:

- ◆ The benefits and limitations of the current system including: how it functions today; how it identifies and processes children; how parents obtain access to the system; how the system is funded; the policies that affect the various components of the system; and areas that should be highlighted because of their success or that need to be strengthened.
- ◆ The number of children currently in both public and private residential treatment centers.
- ◆ Examination of alternatives to residential care, including a review of how other states have addressed this issue.
- ◆ Determination of the barriers that prevent these children from being integrated or reintegrated into a community setting and recommendations for overcoming these barriers.
- ◆ Development of a plan that addresses the transitions throughout childhood and adulthood, including the challenges of multi-agency involvement.
- ◆ Development of a plan that provides for quality improvement and data to track the outcomes that are important to children and families.
- ◆ Develop potential recommendations in a report to be considered by the Commission that summarizes how the focus of the Children at Risk Task Force relates to the following agenda:
 - Current system barriers
 - Current best practices (what is going well in Indiana)
 - Incentives for change
 - Potential partnerships
 - Recommendations for system change
 - Evaluation criteria to measure effectiveness of change
 - Legislative recommendations
 - Budget recommendations

Children at Risk Task Force Chair, Staff, and Members

Chairperson:

Denny Jones
Wishard Hospital

Staff Support:

Jim Hmurovich
Consultant

Members:

Rondle Anderson
Jennifer Asher
David Baker
Debbie Beckman
Sharon Bergman
Betty Bledsoe
Kerry Conway
Jim Dalton
Cathy Duchovic
Mary Edmonds
Tim Elliott
John Ellis
Teresa Hatten
John Hill
Glynn Hipp
Carol Hollinger
Janelle Hudson
Shannon Joerger
Wendy Jones
Drew Klatte

Beth Krouse
Jim McCormick
Janet McIntyre
Beverly Musseter
Shari Paige
Sharon Pierce
Knute Rotto
Lisa Sanders-Adams
Hannah Schertz
Sven Schumacher
Dave Sisk
Sandi Sleppy
Thomas Smith
Cyndy Stancliffe
Jodi Stuck
Rozella Stewart
Jim Vento
Betty Walton
Deborah Washburn

Community Personal Assistance and Support Services Task Force

Task Force Purpose: Many persons could live in their home if they could direct the support provided by a personal caregiver. The purpose of the Community Personal Assistance and Support Services Task Force is to examine the opportunities to expand community capacity and integration for persons at risk of being institutionalized by developing a personal assistance services and support systems model that allows for self-directed care.

Function: To examine and report to the Commission on:

- ◆ Innovative and exemplary self-directed care programs in Indiana and other states. The Community Personal Assistance and Support Services Task Force will make recommendations on the opportunities to replicate successful programs.
- ◆ Improvement of community-integrated personal assistance with respect to vouchers, provision of services in rural communities, and consumer preparation to transition into the community.
- ◆ Expansion of the design and delivery of community-integrated services, specifically as it relates to utilizing the strengths and resources of consumers and families, advocacy programs, alternative family placement/adoption, crisis intervention, and on-going caregiver training and support.
- ◆ Expansion of the design and delivery of community-integrated services, specifically as it relates to a fiscal intermediary or employers of record for non-traditional providers, development of provider capacity, refining the approval process, and identifying local solutions to workforce issues, including the use of public-private partnerships to develop fiscal intermediaries, employers of record, and on-going training.
- ◆ Develop short and long-term recommendations in a report to be considered by the Commission that - summarizes how the focus of the Community Personal Assistance and Support Services Task Force relates to the following agenda:
 - Current system barriers
 - Current best practices (what is going well in Indiana)
 - Incentives for change
 - Potential partnerships
 - Recommendations for system change
 - Evaluation criteria to measure effectiveness of change
 - Legislative recommendations
 - Budget recommendations

***Community Personal Assistance and
Support Services Task Force
Chair, Staff, and Members***

Chairpersons:

Kathy Davis
Controller
City of Indianapolis

Cris Fulford
Director, Executive and Government Affairs
ATTAIN, Inc.

Staff Support:

Mary Jo O'Brien
Capitol Health Strategies

Members:

Robert Agranoff
Don Baker
Linda Clouse
Elaine Cowen
Richard Daily
Melissa Durr
Deb Euler
Tammy Fish
Nancy Gemmer
Herbert Harris
Christina Helser
Bob Holda
Robert Hughes

Kim Lease
Jean MacDonald
Heather Marcharo
Selena Mault
David Scott
Richard Simers
Linda Simers
Monica Smith
Robert Smith
Jane Vanable
Mark Vinzant
Barb Woods

Housing Task Force

Task Force Purpose: Many individuals live in institutions because of inadequate and unavailable housing both in terms of quantity and quality. The purpose of the Housing Task Force is to coordinate existing resources and develop new housing solutions for persons at risk of being institutionalized.

Function: To examine and report to the Commission on:

- ◆ The housing needs of people who are at risk of being institutionalized.
- ◆ The alternative housing solutions within Indiana, including a review of how other states have dealt with this issue and what is currently available in Indiana.
- ◆ The potential of replicating successful programs through creative funding mechanisms.
- ◆ Develop potential recommendations in a report to be considered by the Commission that summarizes how the focus of the Housing Task Force relates to the following agenda:
 - Current system barriers
 - Current best practices (what is going well in Indiana)
 - Incentives for change
 - Potential partnerships
 - Recommendations for legislative and budget resources to support the system's change
 - Evaluation criteria to measure effectiveness of change
 - Legislative recommendations
 - Budget recommendations

Housing Task Force Chair, Staff, and Members

Chairperson:

John Dickerson
Executive Director
ARC of Indiana

Staff Support:

Melissa Dill
Consultant
Health Evolutions, Inc.

Sanford Garner
A2SO4

Members:

Susan Albers
Bob Adsit
Sally Beckley
Jennifer Hoehm
Bill Boothe
Ron Brackin
Rosie Carney
Alison Cole
Bill Davis
Betty Dragoo
Joe Fahy
Maureen Felkey
Kay Fleck
Laura Frank
Pat Gamble Moore

Sherry Gray
Jim Hammond
Fred Hash
Kimberly Jarrett
James Jones
Deborah McCarty
Tina McIntosh
Linda Muckway
John Niederman
Juli Pains
Francis Sanford
Bill Shaw
Alan Spaulding
Michell Talbert
Mark Williamson

Transitions Task Force

Task Force Purpose: Many individuals are in nursing homes because of an inability to successfully finance and meet their medical needs in alternative, non-institutional settings. Others live in nursing homes because they do not have access to support services that would allow them to stay in their homes or because there is not a range of services to meet their needs. The purpose of the Transitions Task Force is to examine and document the opportunities for increasing community capacity and integration for persons in institutions or at risk of being institutionalized.

Function: To examine and report to the Commission on as follows:

- ◆ Estimate the number of people who are potentially at risk for being institutionalized or who could live in a less restrictive environment with a stronger support system.
- ◆ Review alternatives to nursing home care, including a review of how other states have dealt with this issue.
- ◆ Develop potential recommendations in a report to be considered by the Commission that summarizes how the focus of the Transitions Task Force relates to the following agenda:
 - Current system barriers
 - Current best practices (what is going well in Indiana)
 - Incentives for change
 - Potential partnerships
 - Recommendations for system change
 - Evaluation criteria to measure effectiveness of change
 - Legislative recommendations
 - Budget recommendations

Transitions Task Force Chair, Staff and Members

Chairperson:

Anne Jacoby
Vice President, Vincennes University
Area 16 Agency on Aging/Generations

Staff Support:

Donna Cameron
Consultant
Health Evolutions, Inc.

Members:

Susan Albers
Judith Becherer
Nicki Bradley
John Cardwell
Grace Coulston
Steve Cook
Bob Decker
Kim Dodson
Mark R. Graves
Melissa Durr
Ron Flickinger
Amy Flint
Arlene Franklin
Nancy Griffin
Jarvis Hammond
Kristine Harlow
LaDonna Jenson
Bill Johnson
Karen Kissick

Dr. Mary Jane Koch
Faith Laird
Jim Leich
Sonja Long
Jean MacDonald
Steve Metcalf
Evelyn Murphy
Susan Rinne
Katherine Schmitt
David Scott
Paul Severance
Diann Shappell
Georgine Sutkowski
Melissa Van Houten
Jim VanDyke
Mary Louise Wesselman
Dr. David Wilcox
Patricia Wnek
Becky Zaseck

Transportation and Employment Task Force

Purpose: Many people are institutionalized because they do not have basic support systems to allow them to live in the community. Two important critical support services necessary for ensuring successful placement and retention in the community are transportation and employment. The purpose of the Transportation and Employment Task Force is to develop transportation and employment solutions for persons at risk of being institutionalized.

Function: To examine and report to the Commission on:

- ◆ Transportation and employment issues of people who are potentially at risk for being institutionalized or who are transitioning from an institutional setting.
- ◆ Alternative transportation and employment solutions, including a review of how other states have dealt with this issue and programs that are currently available in Indiana.
- ◆ The opportunity to form public-private partnerships with businesses, community teams and activities, and transportation.
- ◆ The opportunity to leverage and/or increase the amount of federal funding to support specialized transportation systems and supported employment.
- ◆ Creation of community infrastructure to support consumer-directed care, including the development of "best practices," consumer-directed transportation systems, and supported employment.
- ◆ Develop recommendations in a report to be considered by the Commission that summarizes how the focus of the Transportation and Employment Task Force relates to the following agenda:
 - Current system barriers
 - Current best practices (what is going well in Indiana)
 - Incentives for change
 - Potential partnerships
 - Recommendations for system change
 - Evaluation criteria to measure effectiveness of change
 - Legislative recommendations
 - Budget recommendations

***Transportation and
Employment Task Force
Chair, Staff, and Members***

Chairperson:

Curt Wiley
Fannie Mae – Indiana Partnership
Indianapolis, Indiana

Staff Support:

Melissa Dill
Consultant
Health Evolutions, Inc.

Members:

Ronda Ames
Bob Asher
Becky Banks
Dennis Born
Diane Cantrell
Valerie Cook
Jim Hammond
John Hill
Brian Jones
Betsy Kachmar
Dawn Layton
Gail Lee
Kent McDaniel

Steve O'Dore
Susan Preble
Lisa Rector
Pat Rogan
Gail Rubisch-Hawkey
Dorothy Schuerman
Sandra Seanor
Paul Shankland
Karen Swarts
Pat Vercauteren
John Watkins
Diane White
Dan Stewart

D. Consumer Advisory Committee

Consumer Advisory Committee

Purpose: Consumers have not always had support in providing important input in changing needed long-term care service delivery system's change issues. The members of the Consumer Advisory Committee (CAC) will provide serve in an advisory role to the Commission and its Task Forces to ensure that the perspectives and input of each of the target groups are represented appropriately in the recommendations of the Task Forces.

Function: To advise the Commission and five Task Forces and to:

- ◆ Provide support for the focus group input, ensuring that all stakeholder groups are represented.
- ◆ Develop a list of barriers and suggested solutions related to the systems being addressed by the Task Forces, including the following areas:
 - Nursing Home Transitions
 - Community Personal Assistance Services and Supports (PASS)
 - Children at Risk
 - Transportation and Employment
 - Housing
- ◆ Review and comment on all Task Force reports.
- ◆ Serve as a resource to the Commission by reviewing the interim and final reports to the Governor.

Consumer Advisory Committee Chair, Staff, and Members

Chairperson:

Ed Bell
Executive Director
The Independent Living Center
Of Eastern Indiana

Staff Support:

Donna Cameron
Consultant
Health Evolutions, Inc.

Members:

Rosie Carney
Joe Daley
Richard Daley
Abby Flynn
Edna Fulk
Roy Garcia
Nikki Graham
Bob (John) Johnson
Kevin Kilty
Sharon Kozinsky

Veronica Macey
Melissa Madill
Marissa Manlove
Scott Sefton
Suzann Shackleton
David Thomas
Karen Vaughn
Betty Ware
Betty Williams

E. Real Systems Change Mini-Grants

Governor's Commission on Home and Community-Based Services

Real System Change Mini-grants

Purpose and Priorities

The Governor's Commission on Home and Community-Based Services was created to develop short- and long-term action steps that build community capacity for those persons at risk of being institutionalized or who are currently in an institution and who could be served in the community.

The mini-grants, supported by the Real Systems Change Grant funded by Centers for Medicare and Medicaid Services (CMS), are designed to create community partnerships, to provide incentives for public/private partnerships, and to encourage innovation at the community level between community stakeholders.

The mini-grants are directed to the three major goals of the Commission:

- To develop community capacity in the areas of community living arrangements, housing, transportation, supported employment, and caregiver support.
- To develop systems that support consumer choice and consumer directed care.
- To develop innovative systems that identify and propose solutions to eliminate barriers to service.

While these areas are priorities, the Commission and FSSA will accept proposals that address other areas that propose, support, and validate enduring system changes. Grants will be considered if they foster collaboration among community partnerships. There will be more smaller grants given, rather than select larger grants to a few communities. Innovation will be favored over traditional, and initiating new capacities will be favored over expanding existing capacities. The focus will be on maximizing and leveraging the funds by working with matching and other funding sources in the local communities.

Application Information

All grant proposals will contain information about the specific project as well as information demonstrating the capacity of the partners to manage the funds in a way that satisfies state grant funding guidelines. There shall be a lead agency that serves as the fiscal agent that assumes responsibility for the funds, the program, and the reporting requirements.

All grant proposals will be judged on their objectives, design, leadership, financial strength, and impact. All grant applications will include the following:

- Profile (form provided)
The profile will outline the legal name, address of the lead organization, and contact information for the person responsible. In addition, documentation that the lead organization is a duly incorporated entity in the State of Indiana.
- Self Assessment (form provided)
The self-assessment form outlines the general community assessment that outlines community assets, community partnerships, and statement of need, accompanied by the source of the needs assessment.
- Narrative (form provided)
All applicants must submit a brief narrative (not more than two pages) that:
 - Describes the project/request
 - Relates the project to the goals of the Commission
 - Describes the desired measurable outcome(s) or expectations (i.e., What do you want to accomplish?)
 - Describes any cooperative or joint efforts with others, especially on the matching funds
 - Gives assurances that may be required by a grant category (i.e., continuity of effort, ability to be replicated, etc.)
- Budget (form provided)
All applicants must submit a complete and correct budget in the suggested format that:
 - Reflects the grant request
 - Details a line-by-line budget
 - Details the matching funding by source

Note: the mini-grants cannot be used to support equipment for administrative purposes. Consideration will be given to one time purchases of equipment that supports the goals and objectives of the project such as a computer system to support a consumer education and/or public information program.

Grants Application Timeframe

The mini-grant notice and instructions will be mailed out to all interested parties. Additional methods of advertising and notification will be utilized. There will be two rounds of grant solicitations.

The schedule for the first round of grants will be:

Solicitation of proposals

December 2 - December 13, 2002

Proposals due to FSSA	January 15, 2003
Proposals evaluated and approved	January 15 - February 14, 2003
Notice of awards	February 14, 2003

The schedule for the second round of grants will be:

Solicitation of proposals	March 3 - March 14, 2003
Proposals due to FSSA	April 15, 2003
Proposals evaluated and approved	April 15 - May 15, 2003
Notice of awards	May 15, 2003

General Grant Guidelines

A. Application solicitation

Applications will be solicited through a general notice to all interested stakeholders. Additionally, requests will be made to all stakeholder groups (associations, advocacy groups, providers, etc) to notify their respective membership. Notification will also be placed on the Commission's website.

B. Funding

All of the funding for the mini-grants will be supported by the Real Systems Change Grant funded by the CMS as part of the President's New Freedom Initiative.

C. Matching funds

The Real Systems Change Grant, as approved by CMS, requires that all grantees provide a 10 percent match. This match may come from community partners, a community foundation, or public or private source. While match may be "in-kind", it MUST be documented that the entire match is from a non-Federal source. Absolutely no federal dollars may be used to match the grant funds.

D. Reporting

Each grantee will be required to submit a six-month and twelve-month report in the prescribed format describing the grant activities and success in achieving the outcomes, including the potential replicability where and when appropriate.

E. Evaluation

Each grantee must establish measurable outcomes as a part of the grant application process. These outcomes will be used by the applicant to measure success. Additionally, the grants will be evaluated by State staff who will report the results to the Commission and after December 2003 to the Governor.

Grant Fund Categories

As already noted, the Commission has three major goals. These are:

- To develop community capacity in the areas of community living arrangements, housing, transportation, supported employment, and caregiver support.
- To develop systems that support consumer choice and consumer directed care.
- To develop innovative systems that identify and propose solutions to eliminate barriers to service.

Underlying these goals are opportunities for communities to develop strategies that focus on the following areas:

- **Enrollment systems** include projects that support system coordination and that combine or coordinate services and enrollment systems.
- **Consumer choice** and consumer education, such as incentives and assistance for consumer directed care, including meaningful support to enable consumers and their families or caregivers to fully participate in their communities.
- **Public awareness initiatives** including programs that support the education and awareness of the need for, or the availability of, community services.
- **Streamlining and/or maximizing federal, state, or other funds.**
- **Eligibility guidelines** for expansion of access to and availability of services, especially to underserved populations.
- **Provider incentives** that encourage the expansion of service offerings that support community capacity for home and community-based services.
- **Private business incentives** for employers and individuals to plan and participate in providing for their current and future needs for long-term supports and services including attaining or maintaining employment.
- **Quality assurance and improvement** including strategies to ensure the safety and security of consumers who access services and supports in their communities.

The mini-grants will be up to \$40,000 (not including the match requirement).

Efforts will be made both through the solicitation, the evaluation, and the award process to ensure geographic distribution.

Examples of projects include:

- Demonstration of the integrated provision of services and supports to persons with the dual diagnosis of mental illness and developmental disability.
- Demonstration of a "no waiting" list system of supports and services for crisis intervention and respite care.
- Development of a consumer directed transportation system to supplement regular transportation. This project might include the consumer recruiting their own driver with the program paying the consumer rather than the driver.
- Development of a "problem resolution" center with a "24/7" access system to services that meet immediate needs.
- Demonstration of strategies to increase consumer integration into the workforce through innovative options including the use of telecommuting, technology, and consumer direction of supportive services such as transportation.
- Demonstration of local area planning, control, and capacity-building across all disability groups and including both public and private providers of transportation, housing, healthcare, employment, and education. Consumers, community, and business leaders should provide direction to the project.

- A project to increase and demonstrate supportive housing models in less urbanized areas of Indiana including opportunities to "build equity" and live in self-contained units with an optional menu of services and supports.
- A project to demonstrate the development of a network of consumers and families who have the ability and desire to assist each other. Part of this project would include the provision of caregiver support.

Grants Decision Making

A group of personnel representing the Governor's Technical Advisory Group (GTAG) and the Consumer Advisory Council (CAC) shall act as the proposal evaluation team. The team will use the evaluation criteria stated below.

- Form of the proposal: Each proposal will be reviewed to determine compliance with the proposal preparation requirements outlined in the mini-grant application procedure.
- Adherence to the requirements: Adherence to the proposal date, time, and submission of all required documentation will be required. Adherence to the objectives of the Commission specified in the mini-grant application will be evaluated.
- Quality of proposal approach: The Commission is looking for innovative ways to create or increase community capacity, to create or improve systems that support consumer choice, and to eliminate the barriers that prevent people from getting the services they need.

These three areas include, but are not limited to, specific programs that focus on enrollment systems, support consumer directed care, consumer education, streamline or maximize dollars available for service, provide incentives to providers to expand capacity, and finally to improve the quality of community systems of care.

The procedures for evaluating the proposals against the evaluation criteria may be summarized as follows:

- Proposals that are incomplete or otherwise do not conform to proposal submission requirements will normally be eliminated from consideration. (In some instances, the applicant may be asked to correct the deficiencies and resubmit the proposal in the next cycle.)
- Each proposal will be evaluated on the basis of adherence to requirements and on quality.

Based on the results of the evaluation, the proposals determined to be most advantageous to the Commission will be selected as a mini-grant recipient. Mini-grants are subject to revocation at any time for any reason.

Attached forms:

1. SUMMARY/SIGNATURE PAGE
2. PROFILE
3. SELF ASSESSMENT
4. GRANT REQUEST
5. BUDGET FORM

SUMMARY/SIGNATURE PAGE

Name of Project: _____

Name of sponsoring organization: _____

Project start date: _____

Project completion date: _____

Commission Goals (check one or all that apply)

_____ To develop community capacity in the areas of community living arrangements, housing, transportation, supported employment, and caregiver support.

_____ To develop systems that support consumer choice and consumer directed care.

_____ To develop innovative systems that identify and propose solutions to eliminate barriers to service.

Weighted Criteria to be used for evaluation:

10 points **Form of the proposal**

20 points **Quality of the proposal eg; statement of impact on target area and/or target population**

10 points **Potential for replication**

20 points **Strength of community partnerships or collaboration**

40 points **Support for the Commission Goals**

Signature of authorized project personnel _____

Proposals MUST be received by 5:00 p.m. EST on the due date above. Proposals should be mailed to:

Laura Butler
Family and Social Services Administration
Bureau of Developmental Disabilities Services, DDARS
402 West Washington Street, Room W453
Indianapolis, IN 46204

PROFILE

Name of the lead organization _____

Location address _____

Mailing address _____

Phone number _____ Fax number _____

Contact person _____

Title _____ Phone _____

Email address _____

Provide a brief description of the services provided by the lead organization:

How many members serve on the Board of Directors? _____

Name of the President of the Board of Directors _____

Is the organization incorporated in the State of Indiana? _____

Is the organization a 501-c-3 corporation? _____

List all organizations or groups participating in any multi-partner, collaborative project? (Use separate sheet if necessary)

SELF ASSESSMENT

Provide a brief description of your community. (If you are a statewide organization, describe its organizational structure; eg. Local chapters, coalitions, or independent members)

What are the strengths or assets of your community that make you ready for a project like the one proposed?

What is the specific need that this project will address?

What is the source of this determination of need?

Is there community support for this project?

GRANT REQUEST

Describe the project request:

How does this project relate to the goals of the Commission?

What do you expect to accomplish? (You must use measurable outcomes with projected dates for completion) **Note: The mini-grants are only for one year so outcomes must be within that time parameter. Some outcomes may be completed earlier.**

Are there other partners or collaborators with this project? Are any of the partners providing matching funds? (please provide a letter of support from each partner)

Will the Grantee(s) provide technical support for any effort by the state to replicate this project?

Is the grantee able to provide total or partial support for the project in future years?

BUDGET FORM

Contact Person: _____

Phone Number: _____

	Item Description	Mini-grant	Donations/ In-kind	Total Item Cost
Personnel				
Supplies				
Equipment				
Printing				
Postage				
Other				
Other				
Other				
Totals				

Note: Please attach estimates if applicable. Attach additional sheets if necessary.

F. Reference and Relevant Web Sites

Reference and Relevant Web Sites

Governor's Commission on Home and Community-Based Care –
www.in.gov/fssa/community/

Indiana State Agencies and Programs

Addiction Services - <http://www.in.gov/fssa/serviceaddict/index.html>
Children's Assistance Programs - <http://www.in.gov/fssa/children/index.html>
Disability Resources - <http://www.in.gov/ai/disability/index.html>
Family Care Coordination - <http://www.in.gov/isdh/programs/mch/fcc.htm>
Governor's Planning Council for People with Disabilities - <http://www.in.gov/gpcpd/>
Hoosier Rx Program - <http://www.in.gov/fssa/hoosierx/index.html>
Indiana Commission for Higher Education - <http://www.che.state.in.us/>
Indiana Department of Education - <http://www.doe.state.in.us/>
Indiana Department of Health - <http://www.in.gov/isdh/index.htm>
Indiana Department of Veterans Affairs - <http://www.in.gov/veteran/>
Indiana Department of Workforce Development - <http://www.in.gov/dwd/>
Indiana Family and Social Services Administration – <http://www.in.gov/fssa/>
Indiana Family Helpline - <http://www.in.gov/isdh/programs/mch/ihf.htm>
Indiana General Assembly - <http://www.in.gov/legislative/legislators/>
Indiana Housing Finance Authority - <http://www.in.gov/ihfa/>
Indiana Office of the Governor - <http://www.in.gov/gov/>
Indiana Office of Utility Consumer Counselor - <http://www.in.gov/oucc/>
Indiana Medicaid Program - <http://www.in.gov/fssa/servicedisabl/medicaid/index.html>
Mental Health Services - <http://www.in.gov/fssa/servicemental/index.html>
Senior Health Insurance Information Program - <http://www.in.gov/idoi/shiip/index.html>
Temporary Assistance to Needy Families - <http://www.in.gov/fssa/families/resources/index.html>

Federal Agencies

Centers for Medicare and Medicaid Services – www.cms.hhs.gov/
Medicare Program Information - <http://cms.hhs.gov/medicare/>
Medicaid Program Information - <http://cms.hhs.gov/medicaid/>
State Children's Health Insurance Program - <http://cms.hhs.gov/schip/>
U.S. Department of Education - <http://www.infoctr.edu/fwl/fedweb.exec.htm#doed>
U.S. Department of Health and Human Services -
<http://www.infoctr.edu/fwl/fedweb.exec.htm#hhs>
U.S. Department of Housing and Urban Development -
<http://www.infoctr.edu/fwl/fedweb.exec.htm#hud>
U.S. Department of Labor - <http://www.infoctr.edu/fwl/fedweb.exec.htm#labor>
U.S. Department of Veteran Affairs - <http://www.infoctr.edu/fwl/fedweb.exec.htm#va>

Grant Opportunities

Robert Wood Johnson grant opportunity "Better Jobs, Better Care" –
www.rwjf.org/newsEvents/mediaRelease.jsp?id=1035779539914

Reference and Relevant Web Sites (Continued)

Reference Information

Indiana Long Term Care Facility Directory - <http://www.in.gov/isdh/regsvcs/ltc/directory/index.htm>
Indiana Nursing Home Report Card - <http://www.in.gov/isdh/regsvcs/ltc/repcard/rptcrd1.htm>
Indiana Family and Social Services Reports - <http://www.in.gov/fssa/statistics/index.html>
Indiana Services for Older Adults - <http://www.in.gov/fssa/elderly/index.html>
(Indiana) What to Do If You Lose Your Job - <http://www.in.gov/dwd/jobseekers.shtm>
List of Indiana human services assistance programs - <http://www.in.gov/ai/social/programs.html>
NPR Series on Housing (including nursing home transitions) – www.npr.org/news/specials/housingfirst/nprstories/020806.kansas/
HUD Draft Strategic Plan for FY 2003-2008 – www.hud.gov/initiatives/strategicplan/strategicfull.pdf
U.S.Department of Health and Human Services reference guide “Understanding Medicaid Home and Community Services: A Primer” – www.aspe.hhs.gov/daltcp/reports/primer.htm
Indiana workforce statistics - <http://www.in.gov/dwd/inews/lmi.asp>